



Little Sluggers Baseball Spring League

Registration Dates: January 26 - March 25, 2016

League Dates: April 9 - June 4, 2016

Program Location: Killian Sports Complex

T-Ball: 4 - 6 years old (as of 5/1/16)

Coach Pitch: 6 - 7 years old (as of 5/1/16)

Coach Pitch: 8 - 9 years old (as of 5/1/16)

Fee: \$45 per individual (includes t-shirt and ribbon)

Volunteer Coaches are needed!

NOTE: All coaches must pass a background check before coaching.



Great Tasting Lunchmeat

ALL GAMES AND PRACTICES WILL BE HELD ON SATURDAYS

6 game session. No Games the week of May 28th (Memorial Day Weekend)

Coaches meeting will be March 29th, 6 pm @ Killian Softball Complex

(Team rosters and rules will be handed out at this meeting)

Practices may begin on April 9th. Games will begin on April 23rd.

Cancellation policy: If you must cancel from the program, call 417-837-5817 by March 25th.

You will receive your money back minus a \$10 processing fee.

Scholarships are available on a limited basis. Must apply two weeks before registration deadline.

PLEASE COMPLETE THE INFORMATION BELOW WITH PAYMENT. (We do not take registrations over the phone)

MAIL your entry form to:

Springfield-Greene County Park Board
Att. Community Athletics
1923 N. Weller
Springfield, MO 65803

Register in person:

Killian Offices
2141 E. Pythian
Springfield, MO
(417) 837-5817

FAX registration to:

FAX to (417) 837-5829

Register Online:

www.parkboard.org

Participants Name: _____ Age (as of 5/1/16) _____ Participant Shirt Size: YS YM YL AS

(Please Circle One)

Parent/Guardian Name: _____ T-Ball (4-6) _____ Coach Pitch (6-7) _____ Coach Pitch (8-9)

(Please Circle One)

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

Are you willing to help coach? Head Coach _____ Assistant _____ If YES, shirt size for coach: S M L XL 2XL 3XL
(CIRCLE ONE)

My family and I hereby waive and release the Springfield Greene County Park Board and its representatives from claim for damages and/or injuries incurred while participating in or as a spectator of the Springfield Greene County Park Board activities.

I give permission for me and my child to be photographed while participating in Park Board activities, and to use any photographs of me and my child for Park Board promotional purposes.

Signature of participant or parent if participant is under 18

Signature of participant or parent if participant is under 18

Method of Payment: Cash _____ Check _____ MasterCard _____ Visa _____ Discover _____ American Express _____ Card # _____

Expiration Date: _____ Security # (on back): _____ Signature: _____

(For Office Use Only) Amount Paid: _____ Reference / Check Number: _____ Receipt Number: _____